

PMI NEBRASKA L.L.C.

NOTICE TO FIELD APPLICANTS

Please read carefully

MINIMUM EMPLOYMENT QUALIFICATIONS:

(You will be required to produce supporting documentation)

1. Must be 18 years of age. (documentation—birth certificate, photo ID, driver’s license)
2. There is no maximum age limit.
3. Must be high school graduate or have GED. (documentation—copy of diploma or GED certificate)
4. Must have valid driver’s license. (documentation—driver’s license)
5. Must be a US citizen or possess Alien Registration Receipt Card. (documentation—Social Security Card or Alien Registration Card)
6. Must be able to travel as required. (This means at times you could be away from home for several weeks.)

CONDITIONS OF EMPLOYMENT:

1. Hard hats, safety glasses with side shields and hard soled boots or shoes are required to be worn at all times.
2. Employees must abide by ALL company safety rules. OSHA safety standards apply to all of our projects.
3. Employee must be able to climb vertically and work at heights in excess of 150 feet above ground.
4. Employee must be able to lift a minimum of 70 pounds.
5. Employee must be able to perform strenuous work on a day-to-day basis.
6. Employee must possess knowledge and skills required to work with basic hand tools: such as a tape measure, square, drill, saw, grinder, shovel, and willingness to be trained in these areas.
7. Employees must possess a neat and clean appearance.
8. Pay periods run from 12:00 am Monday to 11:59 pm Sunday. Pay day is on Friday. You are paid for the previous week worked.
9. A normal week is based on 45 working hours per week.
10. Employees will work overtime and weekends as required.
11. Employees are hired on an at-will basis and they may be terminated by the employer at any time or without cause.

NOTE: To be considered qualified for employment: all applicants must pass a pre-employment physical, which includes a drug/alcohol screening, eye and hearing exam, and a respirator check.

Please sign and date below indicating that you have read, understand, and meet the minimum employment qualifications and willingly accept the conditions of employment.

APPLICANT’S SIGNATURE _____ DATE _____

HIRER SIGNATURE _____ DATE _____

PMI NEBRASKA L.L.C.

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIPCODE

HOME TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____ DATE: _____

How were you referred for this position? _____

DATE AVAILABLE FOR WORK: _____ WAGE PER HOUR EXPECTED: _____

Have you applied to work for us before? If yes, give date(s) _____

Have you ever been convicted of, or pled guilty to any crime involving honesty? (A yes answer will not preclude employment.) If yes, give date, place, charge, and disposition: _____

REFERENCES: List a minimum of three personal/professional references. DO NOT INCLUDE RELATIVES.

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

LIST ANY ACQUAINTANCES OR RELATIVES EMPLOYED BY THIS COMPANY.

NAME POSITION RELATIONSHIP

PMI NEBRASKA L.L.C.

EMPLOYMENT HISTORY

List your work experience beginning with your most recent employer.

EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

JOB TITLE: _____ IMMEDIATE SUPERVISOR AND TITLE: _____

DATES EMPLOYED: FROM: _____ STARTING SALARY _____ TO: _____ FINAL SALARY _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

If you are currently employed, may we contact your present employer for a reference now? YES _____ NO _____

EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

JOB TITLE: _____ IMMEDIATE SUPERVISOR AND TITLE: _____

DATES EMPLOYED: FROM: _____ STARTING SALARY _____ TO: _____ FINAL SALARY _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

If you are currently employed, may we contact your present employer for a reference now? YES _____ NO _____

EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

JOB TITLE: _____ IMMEDIATE SUPERVISOR AND TITLE: _____

DATES EMPLOYED: FROM: _____ STARTING SALARY _____ TO: _____ FINAL SALARY _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

If you are currently employed, may we contact your present employer for a reference now? YES _____ NO _____

PMI NEBRASKA L.L.C.

EDUCATION

SCHOOL NAME	LOCATION	DATE ATTENDED	DEGREE RECEIVED

Summarize special skills and qualifications acquired from employment, education or other experience that may qualify you for work with PMI Nebraska L.L.C. Also, please list any additional information you would like us to consider: _____

If offered a position, are you aware of any circumstances which would prevent you, on a regular basis, from completing any of your job functions? YES _____ NO _____

FOR PMI FIELD APPLICANTS ONLY

Employees must be able to perform the following functions on a regular basis. Please respond accordingly:

Are you able to stand for a full 9-hour workday? YES _____ NO _____

Are you able to engage in repetitive bending? YES _____ NO _____

Are you able to engage in repetitive twisting? YES _____ NO _____

Are you able to routinely and repetitively lift up to 70 pounds to waist height? YES _____ NO _____

Are you able to routinely and repetitively lift up to 40 pounds above your head? YES _____ NO _____

NOTE: You may be asked specific questions, in addition to those above, about the functions of the particular position you may be seeking. Any indication of limitation or restriction will not preclude employment. You may however, be asked information about the nature of any limitations for the purpose of determining what types of accommodations may be required to enable you to perform the essential functions of the particular job for which you are applying.

IMPORTANT AUTHORIZATION AND UNDERSTANDING

- Completeness and accuracy of information.** I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that any false or misleading information in support of my application may subject me to discharge at any time during the period of employment. Furthermore, I understand that should I be the subject of a work related injury that I may be required to undergo a drug and alcohol screening exam. A positive outcome could result in disciplinary action and/or termination of employment.
- Authorization for release of information and release of liability.** I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, agencies and I authorize them to release such information as you required, including my disciplinary record, without obligation to give me written notice or disclosure. I hereby release you and them for any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization or release is binding, and may be relied upon.

APPLICANT'S SIGNATURE _____ DATE _____